



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jerome H. Simon
Ser. No: 09/741,119
Filed: 12/20/2000
For: Optical Configurations For Distributing Radially Collimated Light
Atty Dkt: 04870-P22US

To: Assistant Commissioner for Patents
Washington, D.C. 20231
Attention: Box Missing Parts

RESPONSE TO NOTICE TO FILE MISSING PARTS OF APPLICATION AND
REQUEST FOR CORRECTION OF FILING RECEIPT

In response to the Notice to File Missing Parts of Application mailed February 27, 2001, enclosed herewith is:

1. the executed inventor's declaration (a separate power of attorney is also enclosed);
2. substitute drawings; and
3. a new abstract.

A copy of the Notice is also attached.

A request for a one month extension of time is also being filed.

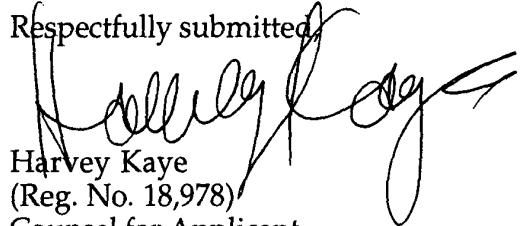
The fee for the present papers should be taken from counsel's deposit account No 03-2410, Order 04870, and for this purpose a Fee Transmittal form for FY 2001 (PTO/SB/17) accompanies this response.

Filing Receipt Correction

In addition, a copy of the filing receipt for this application is attached since it

should have corrections, as noted thereon by hand. The filing receipt indicates that applicant is claiming the benefit of provisional application Serial No. 60/172,981 which is correct, but it also states that the date claimed is 12/10/1999 and that this data is inconsistent with PTO records. However, applicant claims the date of 12/20/1999 which is consistent with PTO records, as well as the stamped return post card which applicant received from the PTO when the provisional application was filed.

Respectfully submitted,


Harvey Kaye
(Reg. No. 18,978)
Counsel for Applicant

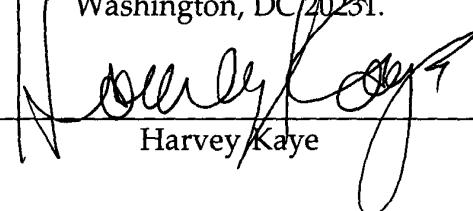
Perkins, Smith, Cohen & Crowe, LLP
1001 Pennsylvania Ave., NW, Suite 450N
Washington, DC 20004

(202) 785-0773

Date: May 18, 2001

Certificate of Mailing

I certify that this document, with attachments, is being deposited with the United States Mail Service on May 18, 2001 in a postage prepaid envelope addressed to:
Assistant Commissioner for Patents, Attention: Box Missing Parts,
Washington, DC 20231.


Harvey Kaye



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/741,119	12/20/2000	Jerome H. Simon	04870-P22US

CONFIRMATION NO. 6412

26486
PERKINS, SMITH & COHEN LLP
ONE BEACON STREET
30TH FLOOR
BOSTON, MA 02108

FORMALITIES LETTER



OC000000005803927

Date Mailed: 02/27/2001

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given TWO MONTHS from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is missing.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.
- **The balance due by applicant is \$ 65.**

The application is informal since it does not comply with the regulations for the reason(s) indicated below. Applicant is given TWO MONTHS from the date of this Notice within which to correct the informalities indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- Substitute drawings in compliance with 37 CFR 1.84 because:
 - drawing sheets do not have the appropriate margin(s) (see 37 CFR 1.84(g)). Each sheet must include a top margin of at least 2.5 cm. (1 inch), a left side margin of at least 2.5 cm. (1 inch), a right side margin of at least 1.5 cm. (5/8 inch), and a bottom margin of at least 1.0 cm. (3/8 inch);
- An Abstract not to exceed 150 words in length, commencing on a separate sheet (37 CFR 1.72(b)).

05/23/2001 DTESEN1 00000032 09741119

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65.00 CH

Man
*A copy of this notice **MUST** be returned with the reply.*

Customer Service Center
Initial Patent Examination Division (703) 308-1202
PART 2 - COPY TO BE RETURNED WITH RESPONSE



Please type a plus sign (+) inside this box →

PTO/SB/21 (08-00)

Approved for use through 10/31/2002, OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

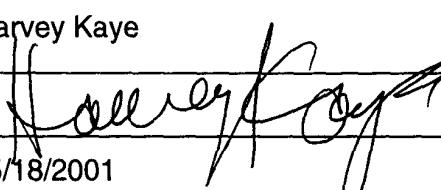
(to be used for all correspondence after initial filing)

		Application Number	09/741,119
		Filing Date	12/20/2000
		First Named Inventor	Jerome H. Simon
		Group Art Unit	2875
		Examiner Name	
Total Number of Pages in This Submission	27	Attorney Docket Number	04870-P22US

ENCLOSURES (check all that apply)

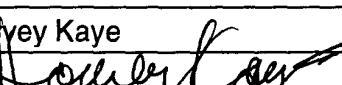
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Post Card
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Includes request for correction of filing receipt	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harvey Kaye
Signature	
Date	05/18/2001

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 05/18/2001

Typed or printed name	Harvey Kaye
Signature	
Date	05/18/2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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**FEE TRANSMITTAL
for FY 2001**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 120)

Complete if Known

Application Number	09/741,119
Filing Date	12/20/2000
First Named Inventor	Jerome H. Simon
Examiner Name	
Group Art Unit	2875
Attorney Docket No.	04870-P22US

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 03-2410
Deposit Account Name Perkins, Smith & Cohen, LLP

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
 Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205 65 Surcharge - late filing fee or oath	65
127	50	227 25 Surcharge - late provisional filing fee or cover sheet	
139	130	139 130 Non-English specification	
147	2,520	147 2,520 For filing a request for ex parte reexamination	
112	920*	112 920* Requesting publication of SIR prior to Examiner action	
113	1,840*	113 1,840* Requesting publication of SIR after Examiner action	
115	110	215 55 Extension for reply within first month	55
116	390	216 195 Extension for reply within second month	
117	890	217 445 Extension for reply within third month	
118	1,390	218 695 Extension for reply within fourth month	
128	1,890	228 945 Extension for reply within fifth month	
119	310	219 155 Notice of Appeal	
120	310	220 155 Filing a brief in support of an appeal	
121	270	221 135 Request for oral hearing	
138	1,510	138 1,510 Petition to institute a public use proceeding	
140	110	240 55 Petition to revive - unavoidable	
141	1,240	241 620 Petition to revive - unintentional	
142	1,240	242 620 Utility issue fee (or reissue)	
143	440	243 220 Design issue fee	
144	600	244 300 Plant issue fee	
122	130	122 130 Petitions to the Commissioner	
123	50	123 50 Petitions related to provisional applications	
126	240	126 240 Submission of Information Disclosure Stmt	
581	40	581 40 Recording each patent assignment per property (times number of properties)	
146	710	246 355 Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249 355 For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279 355 Request for Continued Examination (RCE)	
169	900	169 900 Request for expedited examination of a design application	
Other fee (specify) _____			

SUBTOTAL (1) (\$ 0)

2. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims		-20** =	X = 0
Independent Claims		-3** =	X = 0
Multiple Dependent			= 0

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
103	18	203 9 Claims in excess of 20
102	80	202 40 Independent claims in excess of 3
104	270	204 135 Multiple dependent claim, if not paid
109	80	209 40 ** Reissue independent claims over original patent
110	18	210 9 ** Reissue claims in excess of 20 and over original patent

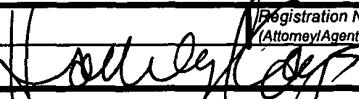
SUBTOTAL (2) (\$ 0)

**or number previously paid, if greater; For Reissues, see above

Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 120)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Harvey Kaye	Registration No. (Attorney/Agent)	18978	Telephone	(202) 785-0773
Signature			Date	05/18/2001	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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